Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	roi tiit	2023 Calend	dar year, or tax year begin	ning		, 2023, ai	na enaing			, 20		
	Check if	applicable:	C Name of organization Ge	ochemical Society				D	Emplo	oyer identification number		
=	Address	change	Doing business as							52-0783490		
	Name ch	ange	Number and street (or P.O. bo	x if mail is not delivered to street address)			Room/suite	E	Teleph	none number		
=	Initial retu	ırn	4220 King St							(202) 478-8836		
Ц	Final retu	rn/terminated	City or town, state or province,	country, and ZIP or foreign postal code				G	Gross	s receipts		
Ц	Amended	d return	Alexandria, VA	22302					\$	318,933		
Ш	Application	on pending	F Name and address of principa	officer: Haibo Zou			H(a	a) Is this a gro	oup return f	for subordinates? Yes No		
		_	Same as C abov	e			H(b) Are all sul	subordinates included? Yes No			
<u> </u>	Tax-exen	npt status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527			If "No," at	tach a lis	st. See instructions		
J	Website:	WWW	w.geochemsoc.org				H(c) Group exe	emption	number		
				ociation Other	L Ye	ar of formation	n: 1990	M Sta	ate of leg	al domicile: DC		
Pa	rt I	Summar	ſy									
	1	Briefly descr	ibe the organization's miss	ion or most significant activities:	To end	ourage	the ap	plicat:	ion o	of geochemistry		
ø		to impro	ving our understa	nding of the Earth and	d solar	system						
anc												
Activities & Governance												
Š	2	Check this b	oox if the organization d	iscontinued its operations or disp	osed of mo	re than 25%	% of its ne	t assets. ˌ				
ტ ფ	3	Number of v	oting members of the gove	rning body (Part VI, line 1a) •					3	15		
es	4	Number of ir	ndependent voting member	s of the governing body (Part VI,	line 1b) •				4	15		
Ϋ́Ε	5	Total numbe	r of individuals employed in	calendar year 2023 (Part V, line	2a)				5	1		
cţi	6	Total numbe	er of volunteers (estimate if	necessary)					6	70		
٩	7a	Total unrelat	ted business revenue from	Part VIII, column (C), line 12 •					7a	0		
	b	Net unrelate	d business taxable income	from Form 990-T, Part I, line 11					7b	0		
							Р	rior Year		Current Year		
	8									56,755		
ne	9	Program ser	rvice revenue (Part VIII, line	e 2g)				1,740,	951	116,753		
ven	10	Investment i	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)				62,	375	75,711		
Revenue	11	Other revenu	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)				69,	449	69,714		
	12	Total revenu	ie - add lines 8 through 11 (must equal Part VIII, column (A),	line 12) •			1,902,	288	318,933		
	13	Grants and s	similar amounts paid (Part I	X, column (A), lines 1-3)						0		
	14	Benefits paid to or for members (Part IX, column (A), line 4)								0		
'n	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								11,338		
Expenses	16a	Professional	I fundraising fees (Part IX, o	column (A), line 11e)						0		
ben	b	Total fundrai	ising expenses (Part IX, col	umn (D), line 25)	7	9,367						
X	17	Other expen	nses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)				1,594,	904	547,355		
	18	Total expens	ses. Add lines 13-17 (must	equal Part IX, column (A), line 25)			1,594,	904	558,693		
	19	Revenue les	ss expenses. Subtract line 1	8 from line 12				307,	384	(239,760)		
ō	ses						Beginnin	ng of Curren	nt Year	End of Year		
sets	[20	Total assets	(Part X, line 16)					3,442,	310	3,562,705		
Net Assets or	21	Total liabilitie	es (Part X, line 26)					122,	964	112,568		
Se .	22		or fund balances. Subtract li	ne 21 from line 20				3,319,	346	3,450,137		
Pa	rt II	Signatu	ıre Block									
				rn, including accompanying schedules and ficer) is based on all information of which pr			of my knowle	dge and beli	ef, it is			
uuc	, остгост,		color di propuror (outor tiluir on	isoti) is based on all illionidation of which pr	oparor nao am	, ililowicago.						
0:-			oo Zou									
Sig		Signature of office	cer						Dat	te		
He	re		o Zou, Treasurer									
		Type or print nar	me and title									
		Print/Type pre	eparer's name	Preparer's signature	Da	ate		Check	if	PTIN		
Pa		John Mu	ıllins	John Mullins	09	-26-202	24	self-emplo	oyed	P01429307		
	pare		Mullins,	PC			Firm's	s EIN				
Us	e Onl	y Firm's address 7625 Wisconsin Avenue Phone no.						e no.				
	Bethesda MD 20814						:	202-770-6371				
May	the IR	S discuss this	return with the preparer sh	own above? See instructions						X Yes No		

) (Revenue \$

including grants of \$

Other program services (Describe on Schedule O.)

4d

(Expenses \$

3) Geochemical Society
Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	١,		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١,		.,
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Х
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		Α_
-	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	l		
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Α_
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_ X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
20	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
2	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? • • • • • • • • • • • • • • • • • • •	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		_ X
30	19? Note : All Form 990 filers are required to complete Schedule O · · · · · · · · · · · · · · · · · ·	38	v	
Par		_ 30	Х	
ı ai	Check if Schedule O contains a response or note to any line in this Part V			
-	and the state of t		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	1.0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

3) Geochemical Society 52-0783490 Page 6
Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
202	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Х
	tion B.1 onoics (This occion B requests information about policies not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed Section 6104 required on examination to make its Forms 1033 (1034 or 1034 A. if applicable), 900, and 900 T (acction 501(a))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website W Upon request Other (explain on Schedule O) Peceripe on Schedule O whether (and if so, how) the organization made its governing decuments, conflict of interest policy.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	The Organization (202)478-8836, 4220 King St, Alexandria, VA 22302			

Form 990 (2023) Geochemical Society 52-0783490

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<u></u>								,, -		
				((C)					
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average	,				han one s both a		Reportable	Reportable	Estimated amount
· · · · · · · · · · · · · · · · · · ·	hours					r/trustee		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any	악方	Ing	JO	Ze Ze	en H	Fo	1099-MISC/	1099-MISC/	organization and
	hours for related	direc	stitut	Officer	y en	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below	uste	trus		/ee	npei				
	dotted line)	Ö	tee			nsate				
						8				
(1)Allison Greaney	2.00									
Director		х						0	0	0
(2)Liping Zhou	2.00									
Director		х						0	0	0
(3)Marly Babinski	2.00									
Director		х						0	0	0
(4)Alexis Templeton	2.00									
Director		х						0	0	0
(5)Lucien Nana Yobo	2.00									
Director		х						0	0	0
(6)Carme Huguet	2.00									
Director		х						0	0	0
(7)Elisabeth Sikes	2.00									
Vice President		х		Х				0	0	0
(8)Benjamin_Tutolo	2.00									
Secretary		х		X				0	0	0
(9)Craig_Lundstorm	2.00									
Goldschmidt Officer		х		Х				0	0	0
(10)Christopher Junium	2.00									
Organic Geochemistry Division Chair		х		Х				0	0	0
(11)Vickie Bennett	2.00									
Past President		х		Х				0	0	0
(12)Jeff Catalano	2.00									
GCA Executive Editor		х		Х				0	0	0
(13)Sumit Chakraborty	2.00									
President		х		х				0	0	0
(14)Haibo Zou	2.00									
Treasurer		х		х				0	0	0
EEA										Form 990 (2023)

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/	(E) Reportab compensat from relate organizations	ole tion ed	Estima con fr	ount	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MIS 1099-NEC	sc/	orgar	nization a organiza	
(15)Frances Jenner International Secretary	2.00	х		х				0		0			0
(16)													
(17)													
(18)													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
(22)													
(23)													
(24)													
<u>(25)</u>													
1b Subtotal													
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)	ot limited to							0 received more t	han \$100,	0 000 of			0
reportable compensation from the organiza	tion											Yes	0 No
3 Did the organization list any former officer, direct			-		_							100	110
employee on line 1a? If "Yes," complete ScheduleFor any individual listed on line 1a, is the sum of r											3		X
organization and related organizations greater tha individual				omp	olete • •	Sched	dule 	J for such			4		x
5 Did any person listed on line 1a receive or accrue											_		
for services rendered to the organization? <i>If "Yes,</i> Section B. Independent Contractors	complete 3	criedu	ile J	101 8	ucn	perso					5		X
Complete this table for your five highest concompensation from the organization. Report	-	-										s tax v	ear.
(A) Name and business addres	-							(B) Description of service			(C)		
								· · · · · · · · · · · · · · ·					
Total number of independent contractors (in received more than \$100,000 of compensa	-					nose li	iste	d above) who					

Form 990 (2023) Geochemical Society 52-0783490 Part VIII Statement of Revenue (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns 1a b 1b Contributions, Gifts, Grants and Other Similar Amounts 1c Related organizations 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 56,755 Noncash contributions included in 1g \$ 56,755 h Total. Add lines 1a-1f **Business Code** 2a Membership Dues 900099 108,033 108,033 Program Service Revenue b Publications 8,720 900099 8,720 f All other program service revenue g Total. Add lines 2a-2f 116,753 3 Investment income (including dividends, interest, and 75,711 Income from investment of tax-exempt bond proceeds 5 69,714 (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses . . 6b c Rental income or (loss) 6c **d** Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses c Net income or (loss) from gaming activities

52-0783490

23) Geochemical Society Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or n	ote to any line in th	is Part IX		
	not include amounts reported on lines 6b, 7b, 0b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		evhenses	general expenses	evhenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,180	3,056	1,192	932
8	Pension plan accruals and contributions (include	,	,	, i	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,158	3,633	1,416	1,109
11	Fees for services (nonemployees):	·	·	,	<u> </u>
а	Management	299,793	176,879	68,951	53,963
b	Legal	7,395	5,961	805	629
С	Accounting	12,100	9,754	1,316	1,030
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20,578		20,578	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	21,738	17,524	2,364	1,850
12	Advertising and promotion	9,307	9,207	56	44
13	Office expenses	23,767	8,816	3,073	11,878
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	9,973	6,806	1,777	1,390
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	80,058	80,056	1	1
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5 000	2 424	1 222	1 040
23 24	Other expenses. Itemize expenses not covered	5,820	3,434	1,338	1,048
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
2	· · · · · · · · · · · · · · · · · · ·	50,790	49,647	641	502
a b	Dues and Subscriptions	5,148	147	10	4,991
C	Bank and Service Charges Sponsorship	888	888	10	4,991
d	<u>sponsorship</u>	666	666		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	558,693	375,808	103,518	79,367
25 26	Joint costs. Complete this line only if the	556,633	313,608	103,310	19,301
-	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet

Part X

Geochemical Society 52-0783490

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 1 Cash - non-interest-bearing 845,790 304,043 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 5,500 4 430 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 Assets Inventories for sale or use 3,105 8 5,332 9 9 47,119 287,631 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6,357 b 10b 5,671 686 10c 686 11 2,540,110 11 2,964,583 Investments - other securities. See Part IV, line 11 12 12 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 3,442,310 3,562,705 17 17 10,385 16,827 18 18 19 112,579 19 95,741 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 26 112,568 122,964 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 3,113,689 27 3,221,254 28 Net assets with donor restrictions 205,657 28 228,883 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 3,319,346 32 3,450,137 33 Total liabilities and net assets/fund balances 3,562,705 3,442,310

EEA Form **990** (2023)

	n 990 (2023) Geochemical Society	52-0783490)	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		318,	933
2	Total expenses (must equal Part IX, column (A), line 25)			558,	693
3	Revenue less expenses. Subtract line 2 from line 1	3	(239,	760)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		3,	319,	346
5	Net unrealized gains (losses) on investments			370,	551
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	3,	4 50,	137
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				$oxedsymbol{oxed}$
		,		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

EEA

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

rmation. Inspection
Employer identification number

Geoc	he	mical Society					52-078349				
Par	t I	Reason for Public Cha	rity Status. (Al	l organizations mus	st comple	ete this p	oart.) See instructi	ons.			
The o	rga	nization is not a private foundation be	ecause it is: (For lir	nes 1 through 12, check	only one b	ox.)					
1		A church, convention of churches, of	or association of ch	urches described in sec	tion 170(b)(1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990)	.)						
3		A hospital or a cooperative hospital	service organization	on described in section '	170(b)(1)(<i>A</i>	A)(iii).					
4		A medical research organization op	erated in conjunction	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the				
	_	hospital's name, city, and state:									
5		An organization operated for the be	enefit of a college o	r university owned or ope	erated by a	governme	ental unit described in				
	_	section 170(b)(1)(A)(iv). (Complete	e Part II.)								
6	Ļ	A federal, state, or local governmen	nt or governmental	unit described in section	170(b)(1)	(A)(v).					
7											
	_	described in section 170(b)(1)(A)(v	/i). (Complete Part	II.)							
8	Ļ	A community trust described in sec	tion 170(b)(1)(A)(v	ri). (Complete Part II.)							
9	L	An agricultural research organization	n described in sec	tion 170(b)(1)(A)(ix) ope	erated in co	onjunction v	with a land-grant colleg	e			
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or				
		university:									
10	receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11	Ļ	An organization organized and oper	•	•							
12	L	An organization organized and ope	-								
		one or more publicly supported orga		, . , .			, , , ,	Check			
		the box on lines 12a through 12d th				•					
а		Type I. A supporting organization		· · · · · · · · · · · · · · · · · · ·			. ,	ng			
		the supported organization(s) the		• • • •	ority of the	directors of	or trustees of the				
_		supporting organization. You m	•								
b		Type II. A supporting organizati	•			-	. ,				
		control or management of the s			persons th	at control o	or manage the supporte	ed			
		organization(s). You must com	· .								
С		☐ Type III functionally integrate		•				th,			
_		its supported organization(s) (s	,	•							
d		Type III non-functionally integ	•					()			
		that is not functionally integrate	ŭ	,		•	nent and an attentivene	ess			
		requirement (see instructions).	-				I T II T III				
е		Check this box if the organization				• • •	ı, ıype ıı, ıype ııı				
		functionally integrated, or Type	•	integrated supporting or	ganization	•					
1		Enter the number of supported organi		ranization(a)				• • •			
g		Provide the following information about		· ,	(iv) le the e	ition	(s) Amount of monotons	(sd) Amount of			
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

18

10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

52-0783490

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")	48,137	48,229	32,929	29,513	56,755	215,563		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	135,177	745,013	115,283	1,740,951	116,753	2,853,177		
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5	183,314	793,242	148,212	1,770,464	173,508	3,068,740		
7a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons			1,000			1,000		
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b			1,000			1,000		
8	Public support. (Subtract line 7c from								
04	line 6.)						3,067,740		
	on B. Total Support	(-) 0040	4. 20000	(-) 0004	(1) 0000	(.) 0000	(0 T-1-1		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
9	Amounts from line 6	183,314	793,242	148,212	1,770,464	173,508	3,068,740		
10a	Gross income from interest, dividends,								
	payments received on securities loans, rents,								
L	royalties, and income from similar sources	71,420	68,595	77,234	69,449	75,711	362,409		
b	Unrelated business taxable income (less section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b	71 400	60 505	77.024	60.440	75 711	260, 400		
11	Net income from unrelated business	71,420	68,595	77,234	69,449	75,711	362,409		
•••	activities not included on line 10b, whether								
	or not the business is regularly carried on								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)	254,734	861,837	225 446	1,839,913	249,219	3,431,149		
14	First 5 years. If the Form 990 is for the or								
	organization, check this box and stop her	•					` ^` ^		
Secti	on C. Computation of Public Suppo								
15	Public support percentage for 2023 (line 8			13, column (f))		15	89.41 %		
16	Public support percentage from 2022 Sch	edule A, Part I	II, line 15			16	93.59 %		
Secti	on D. Computation of Investment In	come Perce	ntage			'			
17	Investment income percentage for 2023 (y line 13, colu	ımn (f))	17	11.00 %		
18	Investment income percentage from 2022					18	6.00 %		
19a		organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line							
	17 is not more than 33 1/3%, check this b								
b	33 1/3% support tests - 2022. If the organization	-	-				_		
	line 18 is not more than 33 1/3%, check this box								
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, o	check this box	and see instru	ctions 🗍		

Schedule A (Form 990) 2023 Geochemical Society 52-0783490 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			110
-	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	-		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If</i> "Yes," answer	_		
-	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
~	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
•	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	- 10		
_	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
_	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

	e A (Form 990) 2023 Geochemical Society	52-0783490		F	age 5
Part	Supporting Organizations (continued)				
44	Here the commitment is a second of military commitment in a form only of the following manager of			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described or	n lines 11h and			
а	11c below, the governing body of a supported organization?		11a		
b	A family member of a person described on line 11a above?		11b		
C	A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b</i>	_	מוו		
·	provide detail in Part VI .		11c		
Section	on B. Type I Supporting Organizations		110		
	on 2. Type i capperaing cigaminations			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or member	ship of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	·			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organiz				
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than				
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax ye		1		
2	Did the organization operate for the benefit of any supported organization other than the sup				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes,"				
	VI how providing such benefit carried out the purposes of the supported organization(s) that	operated,			
	supervised, or controlled the supporting organization.		2		
Section	on C. Type II Supporting Organizations				
		_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part	/I how control			
	or management of the supporting organization was vested in the same persons that controlled	d or managed			
	the supported organization(s).		1		
Section	on D. All Type III Supporting Organizations				
				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the p				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of		_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provide		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," exp		2		
2	how the organization maintained a close and continuous working relationship with the support By reason of the relationship described in line 2, above, did the organization's supported organization.		_		
3	a significant voice in the organization's investment policies and in directing the use of the org				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the org				
	supported organizations played in this regard.		3		
Section	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test	during the year (see	inst	tructi	ons)
a	☐ The organization satisfied the Activities Test. <i>Complete line 2 below</i> .	zamig mo your (occ		uoti	0110).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> beautiful to the complete line 3 beautiful	'ow.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.		s).		
2	Activities Test. Answer lines 2a and 2b below.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exer	npt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Pai				
	those supported organizations and explain how these activities directly furthered their exe	empt purposes,			
	how the organization was responsive to those supported organizations, and how the organizations	ation determined			
	that these activities constituted substantially all of its activities.		2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization				
	involvement, one or more of the organization's supported organization(s) would have been e				
	"Yes," explain in Part VI the reasons for the organization's position that its supported organiz				
	have engaged in these activities but for the organization's involvement.		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, dir	ectors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of	each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	<i>d.</i>	3b		

Schedule A (Form 990) 2023 Geochemical Society

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Page 6 52-0783490

1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru	st on Nov. 20, 1970 (exp	•
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		, , ,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ntegrated Type III suppo	rting organization
-	(see instructions).	,	5)FPP0	J J :=-::-

Schedule A (Form 990) 2023 EEA

52-0783490

Excess from 2022

Excess from 2023

е

. . . .

EEA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Employer identification number

Open to Public Inspection

52-0783490 Geochemical Society Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c. acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Par	t III Organizations Maintaining	Collections of A	Art, Hi	storical	Treasures	, or O	ther Similar <i>I</i>	Assets (C	ontir	าued _,
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make si	gnificant use of it	s		
	collection items (check all that apply):									
а	Public exhibition		d	Loan o	r exchange p	rogram				
b	Scholarly research		е	Other						
С	Preservation for future generations			_						_
4	Provide a description of the organization's co	ollections and explair	n how the	ev further th	ne organizatio	n's exen	npt purpose in Pa	art		
	XIII.	•		,	3					
5	During the year, did the organization solicit o	or receive donations of	of art his	torical trea	sures or othe	er similar	•			
•	assets to be sold to raise funds rather than t							Ye:	s Г	No
Par				gar <u></u>						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form						m			
	990, Part X, line 21.	:	: .	4	41	-44				
1a										
	,							∐ Ye:	s _	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able.						
						<u> </u>	<u> </u>	mount		
С	Beginning balance									
d	Additions during the year						1			
е	Distributions during the year						<u> </u>			
f	Ending balance					. <u>1f</u>				
2a	Did the organization include an amount on F						-		_	No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	cplanatio	n has been	provided on	Part XIII		<u> </u>	<u>. L</u>	
Par		1 1157 11	_	000 5		40				
	Complete if the organization	answered "Yes"	on Fo	m 990, F	art IV, line	9 10.				
		(a) Current year	(b) P	rior year	(c) Two years	back	(d) Three years bac	k (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administer	ed for th	е			
	organization by:	· ·							Yes	No
	(i) Unrelated organizations?							3a(i)		
	(ii) Related organizations?							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz									
4	Describe in Part XIII the intended uses of the									
Par										
	Complete if the organization		on Fo	m 990. F	Part IV, line	11a. S	See Form 990), Part X.	line	10.
-	Description of property	(a) Cost or other			or other basis		Accumulated	(d) Boo		
		(investmen		1 ' '	other)		epreciation	(4, 500		
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment			1	6,357		5,671			686
u e	Other			1	0,331		3,0/1			550
	Add lines 1a through 1e. (Column (d) must eq		(, line 10	c, column (B)					686

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
_ (4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part	·			Retu	ırn
	Complete if the organization answered "Yes" on Form 990, Pa				1
1	Total revenue, gains, and other support per audited financial statements	٠.		1	668,906
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	370,551		
b	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	370,551
3	Subtract line 2e from line 1	٠.		3	298,355
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,578		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	20,578
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	318,933
Part	·			er Ke	eturn
	Complete if the organization answered "Yes" on Form 990, Pa				1
1	Total expenses and losses per audited financial statements	٠.		1	538,115
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	538,115
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,578	-	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	20,578
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• •		5	558,693
Part					
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.			art X,	line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		tional information.		
)1. F	ootnote for uncertain tax position under FIN 48 (Part X	:)			
-1 -		_			. 1.6.
rne s	ociety follows the Financial Accounting Standards Board	AC	counting Standar	as C	odification,
-biab	provides guidance on accounting for uncertainty in inc		+i	سند.	the Cociety/s
VIII CI.	provides guidance on accounting for uncertainty in inc	One	taxes recognize	<u>u 111</u>	the society's
Finan	cial statements, if any. At year end, the Society had n		nrocognized tax	hone	fits rolated to
LIIIai	crar statements, if any. At year end, the socrety had n	. <u></u>	irecognized cax	Dene	III CS TETACEG CO
ıncer	tain tax positions in its information return that would	CIII:	alify for either	rec	rognition or
	dan dan posterono in 100 intermedien 100ain dueb wodie	. <u>qu</u>	arry ror croner		ognizozon oz
disc1	osure in its financial statements.				
	obare in 100 linanoial obacchienco.				
The S	ociety's policy would be to recognize interest and pena	lti	es on tax positi	ons	related to its
			F		
ınrec	ognized tax benefits in income tax expense in the finan	cia	l statements. Th	roug	h year end, there
<u>na</u> ve	been no matters that would have resulted in an accrual	<u>f</u> or	interest and/or	pen	alties.
			<u> </u>		
					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 52-0783490 Geochemical Society 01. Management duties delegation (Part VI, line 3) The Society does not have its own payroll - staff are paid thru an unrelated organization. All operational decisions are made by the Society's Board and staff. 02. Members or stockholder classes and rights (Part VI, line 6) Members pay annual dues which have different dues rates for professionals, students, , and seniors. Voting rights for members does not vary among membership categories. 03. Member election for additional members (Part VI, line 7a) A nominating committee produces a slate of candidates on an annual basis. The board approves the nominees and are posted on-line for membership voting. 04. Governing body decisions (Part VI, line 7b) Certain governing body decisions are subject to membership approval. 05. Form 990 governing body review (Part VI, line 11) The 990 is prepared by an independent accountant and reviewed in detail with the Society's staff and Treasurer before it is provided to the full board for review. 06. Conflict of interest policy compliance (Part VI, line 12c) Potential conflicts are immediately brought to the Board's attention. Anyone with a potential conflict is precluded from debating or voting on the matter. 07. Governing documents, etc, available to public (Part VI, line 19)

The Society's by-laws, board minutes and 990 are posted on the Society's website.

Name of the organization	Employer identification number
Geochemical Society	52-0783490
08. List of other fees for services expenses (Part IX, line 11g)	
Subcontractors: \$5,570	
Management Expense: \$8,323	
Honorarium: \$7,845	